LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

Vol. XI. LOUISVILLE, FEBRUARY 26, 1881. No. 9.

R. O. COWLING, A. M., M. D., ... Editor.
H. A. COTTELL, M. D., . . . Managing Editor.

A TERRIBLE MISTAKE.

The Druggist, of Chicago, reports a serious blunder through which two children of that city recently lost their lives. Muriate of morphia was given them for muriate of quinia. The mistake was charged to the attending physician, who laid it upon the apothecary, and he fell back on the manufacturing chemist with the statement that the drug was dispensed from a bottle bearing the manufacturer's label and marked plainly muriate of quinia.

It is fearful to think that such a mistake is even possible; but it is by no means surprising that it should sometimes be made when we note the slight difference in the appearance of the two drugs, and remember that this, with the not infallible warrant of the manufacturer's label, is the only means employed by the average druggist for telling one from the other.

And here is a strong plea for a wider spread of the knowledge of chemistry. A simple test (found in any standard work on the subject), and one that is within reach of any druggist or physician, will settle the question beyond a doubt as to whether one may have morphia in a given specimen or not. Lay a pinch of the salt upon a white plate and touch it with a drop of nitric acid. If morphia, it will turn a bright red; if quinia, it will turn a faint yellow and melt away in the acid. Would not any druggist do well to exclude morphia by means of a test so easily performed, before dispensing any alkaloid of cinchona?

Professional pharmacists and experienced physicians may smile at this suggestion, and flatter themselves that they can readily make out the difference between the two salts by the dissimilarity of their appearance in mass, crystalline form, and color. It is possible that they may be able to do this with the muriates, for in this case we grant the morphia is darker than its companion quinia salt (although we have seen specimens of quinidia of a grayish hue); but it would take an expert indeed to settle the question with the more common sulphates, and we doubt if one could be found who would consent to put his judgment to the crucial test.

We have more than once tried this question with students in the laboratory. In a class of twenty-five or more, in which were several druggists' clerks and medical practitioners, we have passed upon the same plate a specimen each of quinia sulphate and morphia sulphate, and never yet have we found a man who could tell one from the other by observing physical characters alone.

A half year never goes by that we do not have brought to our notice more than one case of poisoning by misadventure through morphia taken for quinia, and it does seem to us that with so easy and ready a means at hand for making out the difference between the two medicines, the mistaking of one for the other is altogether inexcusable.

SMALLPOX has crossed the Atlantic and is punishing the unvaccinated of our eastern cities. There is some fear of its spreading over the country, but we have as yet no news that would lead us to look forward to any brilliant display of yellow flags.

Original.

THE NEW MYDRIATIC.

BY W. CHEATHAM, M.D.
Lecturer on Diseases of the Eye, Ear, and Throat, University of Louisville.

"Away with" atropia sulphate! When I say this I mean in so far as its use in refractive errors is concerned, for now we have an efficient and agreeable substitute in the *hydrobromate of homatropin.*

I have not as yet given the new drug a trial in inflammatory affections of the eye, and so shall discuss its merits as a mydriatic alone. Prescribed after the method employed with atropia sulphate—namely, a drop or two of the solution put into each eye four times daily—its results were a disappointment; but exhibited at intervals of half an hour, for a time not exceeding two hours and a half, its effect was all that could be hoped for. My failure in the first essay was clearly dependent on the long interval (four to six hours) between the instillations. The following cases will show with what effect the new drug has been used in my practice:

CASE I.—Miss S., of Louisville, was ordered homatropin, gr. ss; aqua dest., fl.℥ ij; one drop to be put into each eye at 8, 8:30, 9, and 9:30 o'clock, A.M., and to report at 10 o'clock A.M. on the same day. She reported promptly, and I submitted her eyes to ophthalmoscopic and other tests. Accommodation was paralyzed, the pupil was dilated, and refraction stood as follows:

Right eye—$\frac{1}{8}$ s.◯—$\frac{1}{24}$ c., axis 180°.
Left eye—$\frac{1}{16}$ s.◯—$\frac{1}{24}$ c., axis 7½°.

She was ordered to report again in twenty-four hours, when I found the pupil but little dilated and accommodation perfect.

CASE II.—Miss M., of Jefferson County, was ordered the homatropin, to be used as in Case I, and to report in twenty-four hours. The result of examination in this case was, accommodation, paralyzed; refraction—

R. E.+$\frac{1}{36}$ c., axis 90°◯—$\frac{1}{16}$ c., axis 180°.
L. E.+$\frac{1}{20}$ c., axis 90°◯—$\frac{1}{12}$ c., axis 180°.

The following cases were also treated after the manner of the above:

CASE III.—Miss N. S.:
R. E.—$\frac{1}{8}$ s.◯—$\frac{1}{24}$ c., axis 180°.
L. E.—$\frac{1}{8}$ s.◯—$\frac{1}{24}$ c., axis 180°.

CASE IV.—Miss W.:
R. E.+$\frac{1}{96}$.
L. E.+$\frac{1}{72}$.

CASE V.—Mrs. M.:
R. E.+$\frac{1}{60}$ s.◯+$\frac{1}{48}$ c., axis 90°.
L. E.+$\frac{1}{48}$ s.◯+$\frac{1}{48}$ c., axis 90°.

CASE VI.—Mrs. P.:
R. E.+$\frac{1}{48}$ s.
L. E.+$\frac{1}{60}$ s.

CASE VII.—J. D.:
R. E.—$\frac{1}{10}$.
L. E.—$\frac{1}{12}$.

CASE VIII.—Mrs. O. G.:
R. E.+$\frac{1}{36}$ c., axis 90°.
L. E.+$\frac{1}{42}$c., axis 90°◯—$\frac{1}{72}$ c., axis 180°.

CASE IX.—Mrs. L.:
R. E. emmetropic.
L. E.+$\frac{1}{48}$ s.◯+$\frac{1}{48}$ c., axis 90°.

CASE X.—Miss E. B.:
R. E.+$\frac{1}{48}$ s.◯+$\frac{1}{36}$ c., axis 75°.
L. E.+$\frac{1}{48}$ s.◯+$\frac{1}{30}$ c., axis 60°.

CASE XI.—E. D. B.:
R. E.—$\frac{1}{10}$ s.◯—$\frac{1}{18}$ c., axis 75°.
L. E.—$\frac{1}{10}$ s.◯—$\frac{1}{20}$ c., axis 165°.

The above are a few of the cases in which I have obtained uniformly perfect results from the use of homatropin. According to the old method of treatment by atropia sulphate it required from two to two and a half weeks to test the eyes for glasses. Such a loss of time, objectionable to all, was a serious matter to many, with whom it was a loss of money as well as time, and not a few would rather bear with their painful eyes than make the sacrifice necessary for their treatment. Clerks and employes often found it impossible to submit to the old method.

Now, with the new mydriatic to aid us, the treatment can be easily adjusted to the needs of this class of patients, and it is a common thing with me to tell such an one to get excused from his work on Saturday afternoon, when he can come to my office, apply the homatropin, have his eyes tested, and be assured that they will be ready to serve him in his work the following Monday. Where two examinations are necessary, leave of absence for two consecutive Saturday afternoons can in most cases be obtained. So it will be seen that homatropin meets fully a want long felt by ophthalmologists.

Another instance of its utility is in those cases where the pupils are too small to admit of an accurate ophthalmoscopic examination. It promptly dilates the pupil, paralyzing accommodation as well; but these aberrations return to the normal in so brief a time after the discontinuance of the medicine that the fear of any unpleasant after-

effect of the mydriatic need no longer stand in the way of this diagnostic procedure. Even where one of Savory and Moore's disks (containing only $\frac{1}{20000}$ of a grain of atropia each) was used, as was formerly my custom when a slight degree only of dilatation was desired, I found the after-effect to be more lasting and disagreeable than I now observe after the application of the stronger solutions of homatropin.

Prof. Ladenburg, its discoverer, says that homatropin is not poisonous. Whether he means by this that it is innocuous however taken, or rather that there is no danger of toxic effects following its free application to the eye, I have as yet taken no means to find out.

Thus it may be seen that there are four reasons at least for saying in conclusion, as I said in the beginning of this paper, "Away with" atropia sulphate as a mydriatic—first, because homatropin will paralyze accommodation as fully or more so than atropia sulphate, and do it with the same strength of solution and number of applications; second, because the local effects of the former are no more disagreeable than those of the latter; third, because it is not poisonous (so Prof. L. says), and we need fear no disagreeable after-effects from its use; and fourth, because after homatropin the paralyzed muscle of accommodation will gain its normal power in the short space of twenty-four hours, while after atropin ten or twelve days must pass before the same result can be reached.

LOUISVILLE.

Correspondence.

NEW YORK LETTER.

Editors Louisville Medical News:

Yesterday a youngish-looking man called to see me, bearing a note of introduction from a homeopathic friend in a western city. The young man, I soon learned, was a patient of my friend the homeopath. I was simply asked in the note to give an examination and advise him (the patient) accordingly. I was terribly rushed (New York specialists, Messrs. Editors, are always "rushed to death," or "frantic with work"), and I hurriedly "went over" the patient, learning that he had been ailing for two or three years with pain in his back and loins, and with feelings and symptoms he "did n't know exactly how to describe." While he was undressing himself I observed a beautiful jacket made of cheese-cloth and glue, covered with a coating of shellac perforated *secundum artem*, and presenting quite an improvement in front over any that I had seen. The lower half in front consisted of a piece of heavy drilling, and thus provision was made for abdominal respiration. I observed also a bit of bloody lint hanging out from the prepuce and lying directly below the meatus adhering to that portion of the glans penis over which the frenum extends. I naturally asked him what that meant, and he replied, "Well doctor, to be frank with you, I went to see doctor X yesterday, and he told me that he thought a *short frenum* might be the cause of my trouble, so he *clipped* it. I did n't know but that it was all right."

I examined him quite carefully for any disease pertaining to my own specialty and could find none. I said to him that I could satisfy him on that point, but still I had n't explained his symptoms. I advised him to go with me and see a general practitioner on whose skill as a diagnostician I set a very high value.

Today we, the general practitioner and I, saw him, and after a painstaking examination we elicited the following: A man aged twenty-six, unmarried, and one who had never known a woman. He had been restrained by religious convictions (about the only remedy known); had been the victim of occasional malarial attacks in early life; had been cinchonized time and again; was always nervous, easily excitable, and unequal to any prolonged exertion. He dated his "nervousness" back to his sixteenth year. Began masturbating about that time, but "had given it up several years ago." While at college was morose and despondent at times, even contemplating suicide. By the way, yesterday when he called he was armed with two small vials of urine marked on the corks respectively M. and E., saying that he was always asked for a specimen, and he had brought a morning and an evening specimen. These were submitted to a chemical and a microscopical examination, oxalate of lime crystals filling the field. These specimens were prettier than those given in the text-books. He insisted that mucus was always present, sometimes coming out visibly just as he was completing the act of micturition, sometimes at the beginning.

About one year ago he began to experience an uneasiness and a pain about his loins. He could n't sit straight in the seats of the theater in a law school, and these

pains had troubled him more or less ever since. The jacket was applied not because spinal caries was suspected, but because it gave him relief and support.

We submitted every organ to a physical examination, exhausting all the resources for this work, and could not find any sign of disease whatever. There was a perversion of function of organs, however, and some pain in regions supplied by nerves in communication with nerves that supplied the genito-urinary apparatus. We found that he had entertained great fears of becoming insane by reason of "so much loss of semen." His nocturnal emissions troubled him, and the escape of semen when in company with ladies troubled him; the literature of the advertising columns of newspapers but aggravated his anxiety, etc. He stated, on cross-examination, that he had been going about from city to city, from doctor to doctor, to see whether he could find two doctors who would agree. After we had begun to give him our diagnosis he volunteered the statement that he was still "masturbating seven or eight times a year in order to relieve his nocturnal erections"!

I have narrated the above case, Messrs. Editors, in order to have a text for some remarks about patients from the country (and by country I mean, of course, you know, every place outside of New York) and New York specialists. There is a large class of chronic cases sent to this city as they are sent to your city for the advice of this man and that man who has a reputation in a certain kind of disease. The patients come and "go through" all they hear of. They consult an oculist, an aurist, a heart and lung man, a rectum man, a kidney man, a skin man, a bone man, a nerve man, etc.

Let it be a woman, for instance, with a pain in her back and some vague uterine disorder. She must see, of course, one of the uterine surgeons. He, of course, recognizes something in his specialty, and something that no other man can treat with the success that he can get. Perhaps she may have a cough, and he'll gravely suggest phthisis, and recommend her to some friend who will explore her lungs. Her eyes may pain her a little, and she must go to my friend Dr. Z., who will examine these organs." Then the neurologist is called in. The poor woman becomes frantic, and she goes home to her family physician preferring to die with him rather than to live with New York specialists.

Far be it from my wish to deprecate specialties in medicine, and far be it from my wish to cast any censure on the specialists of this city.

One secret of success, I think, among our specialists is that they get to be good general diagnosticians, and why should not a man study with this in view? He learns, as the general practitioner should learn, to go over a case thoroughly organ by organ. It is true that many fail, and it is not an uncommon remark one hears that Dr. so and so, of New York, made an "awful blunder" in a certain case. It does me good to see a thorough examination, and it is my belief that the good diagnostician is the most successful practitioner. I could name specialist after specialist who devotes much time to the study of general medicine simply. They too have taken a hospital service, and have become quite expert before taking up the specialty. Many who come for advice perhaps get much good advice. The practitioner who chances to live in the smaller cities or towns should not be so ready to give up his chronic cases. He should remember that he is more competent to give advice in the matter, or at least he should remember that he can make himself more competent. He certainly has more time to give to study than the city specialist who has two or three hospital services on his shoulders. Take the case I have narrated above. The average practitioner who, as a rule, has a microscope to adorn his office-window could make out *oxaluria*. The case to me was a very instructive one, and, like many others with which I have come in contact, goes to increase my faith in the ability of the family physician to fathom many of the chronic ailments that are so readily regarded as belonging to a specialist.

NEW YORK, February 18, 1881.

SALICYLATE OF CINCHONIDIA.

Editors Louisville Medical News:

I recently saw in your columns the advertisement of the salicylate of cinchonidia, a new preparation now being introduced to the profession by John Wyeth & Bro.; and thinking a combination of those salts excellent, I gave it a trial, with good results, as the following case will show:

On January 3d I was called to see R. S. T., suffering from an intense intercostal neuralgia. After administering a dose of sulph. morphia, I ordered one pill (cinchonid. salicyl., gr. ijss) to be taken every two hours through the day. The salicylate was given in the same manner on the second day, with

a dose of morphia at bedtime. I saw him on the third day, when he experienced scarcely any pain, and on the fourth he was entirely well.

I have administered it in rheumatism with similar excellent results, and I am led to believe that it is one of the best preparations ever offered to the profession.

ROBERT C. KENNER, M.D.

VICTOR, ARK., February 15, 1881.

Books and Pamphlets.

A PRACTICAL TREATISE ON DISEASES OF THE SKIN. By Louis A. Duhring, M.D., Professor of Diseases of the Skin in the Hospital of the University of Pennsylvania; Dermatologist to the Philadelphia Hospital; Consulting Physician to the Dispensary for Skin Diseases, Philadelphia; author of Atlas of Skin Diseases. Second edition, revised and enlarged. Philadelphia: J. B. Lippincott & Co. 1881.

MEDICAL DIAGNOSIS, WITH SPECIAL REFERENCE TO PRACTICAL MEDICINE. A Guide to the Knowledge and Discrimination of Diseases. By J. M. DaCosta, M.D., Professor of Medicine and of Clinical Medicine at the Jefferson Medical College, Philadelphia; Physician to the Pennsylvania Hospital; Consulting Physician to the Children's Hospital; etc. Illustrated with engravings on wood. Fifth edition, revised. Philadelphia: J. B. Lippincott & Co. London: 16 Southampton Street, Strand. 1881.

THE RELATIONS OF GOITER TO PREGNANCY AND DERANGEMENTS OF THE GENERATIVE ORGANS OF WOMEN. By Edw. W. Jenks, M.D., LL.D., Chicago, Ill. Reprint from the American Journal of Obstetrics and Diseases of Women and Children, January, 1881. New York: Wm. Wood & Co., 27 Great Jones Street.

Pharmaceutical.

SULPHATE OF HYOSCYAMIA.—We are now informed by Messrs. McKesson & Robbins that they have received an invoice of this salt, and we would recommend practitioners of medicine to employ the sulphate hereafter in preference to the alkaloid itself, which is much less soluble.

MESSRS. PARKE, DAVIS & Co., of Detroit, have opened a branch store in New York for the convenience of patrons living in that locality. They intend to keep in stock a full line of all goods mentioned in their price-list.

THE State of Florida contributes to pharmacy a fine, large, and firm white species of arrowroot.

Formulary.

THYMOL-VASELINE OINTMENT.

The Philadelphia Medical Times says this ointment is made by dissolving twenty grains of thymol in one ounce of vaseline. It is useful in eczema and as a parasiticide. It is said that thymol has the property of immediately removing the smell of tobacco.

FOR POISON-OAK ERUPTION.

Dr. A. W. Wiseman (Virginia Med. Monthly) recommends sulphate of copper in this affection. He begins with a very dilute solution, just enough to color the water used, and gradually increases the strength till it produces a slight stinging. It should be applied three or four times a day.

FOR VOMITING IN PREGNANCY.

(*Similia similibus.*)

Dr. Goodell recommends:

℞ Cerii oxalatis.....
Ipecacuanhæ..... } ää gr. j;
Creosoti..... gtt. ij.

M. Sig. To be taken every hour.—*Med. Gaz.*

FOR A DINNER-PILL.

J. Milner Fothergill, M.D., writes, in the London Practitioner for January:

Ipecacuanha formed a portion of a good old-fashioned dinner-pill; and betwixt its direct action upon the gastric mucous membrane and its action on the liver as an hepatic stimulant, it must come into use again before long. A dinner-pill of—

Pulv. ipecacuan..... gr. j;
Strychniæ ..... gr. $\frac{1}{30}$;
Pulv. pip. nig..... ℥ ij;
Pil. al. et myrrh..... gr. ijss,

every day, will often produce excellent effects. Then arsenic may be taken as three drops of Fowler's solution after dinner, or in the above pill, substituting the same dose of arsenic for the strychnine.

JAMAICA DOGWOOD IN TREATMENT OF PERTUSSIS.

Dr. W. R. Alexander, of West Virginia, in Therapeutic Gazette, is quite enthusiastic in his recommendation of this new drug. He says the effect in hooping was quite satisfactory, and in his hands it proved a specific in a number of cases. He now orders it in this disease with as much confidence in its results as he does quinine in malarial affections. Sustaining the patient's strength by stimulants and nourishment, he gives it to children at all ages and in any stage of the fever. The initial catarrh and the final catarrhal stages are decidedly benefited, and the spasmodic attack in many cases wholly aborted.

He recommends the following prescription:

℞ Fl. ext. Jamaica dogwood..... ℥ jss;
Syr. tolu.....
Syr. acaciæ..... } ää ℥ ij.

M. Sig. Teaspoonful every two, three, or four hours, according to the violence of the spasm or cough. A few drops of the fluid extract in a teaspoonful of water may also be given with good results.

Miscellany.

UNIVERSITY OF LOUISVILLE.

The Commencement exercises of the University of Louisville, Medical and Law Departments, took place on Friday afternoon, February 25th, at 2:30 o'clock, in Macauley's Theater. The audience, consisting of friends of the students and the school, was a very large one, and expressed its appreciation of the occasion and programme by many hearty bursts of applause. The addresses were instructive and entertaining, and served to show how science and eloquence may be blended with happy effect. The floral offerings, which reached not a few of the class, gave proof of honors earned outside the halls of learning. The new-made doctors and lawyers depart with the blessings of their Alma Mater and the goodwill of the community.

PROGRAMME.

Overture, "Cenerentola," Rossini.
March, "Boccaccio," Suppe.
Prayer by Rev. L. P. Tschiffely.
Romance, "Awakening of Spring," Bach.
Conferring the degrees of M.D. and LL.B., by Hon. Isaac Caldwell, President.
Conferring the prizes of the Medical Department and the certificates of scholarship of the Law Department, by the President.
Selection, "Fatinitza," Suppe.
Medical-class Valedictory, by Mumford W. Ellis, of Mississippi.
Law-class Valedictory, by Finley F. Bush, of Kentucky.
Address to Alumni, Law Department, by Geo. Du Relle, Esq., of Louisville, Ky.
Waltz, "Wedding Parties," Bilse.
Valedictory, by Prof. James S. Pirtle, of Law Department.
Valedictory, by Prof. E. R. Palmer, of Medical Department.
Benediction.
March, "Farewell," Biefke.

LIST OF GRADUATES.

Abney, Olin L., Louisiana.
Allcock, James C., Kentucky.
Adams, Alvin M., Kentucky.
Alexander, Percy, Kentucky.
Bond, James A., Missouri.
Browder, George R., jr., Kentucky.
Branch, John S., Louisiana.
Bailey, Alexander, Kentucky.
Bramlette, William M., Tennessee.
Caldwell, Beverly, Texas.
Cordier, Albert H., Kentucky.
Clemens, James E., Kentucky.
Cummins, Zachariah, Illinois.
Calvert, John H., Kentucky.
Caldwell, James K. P., Tennessee.
Collins, Daniel, Kentucky.
Davis, Thomas H., Kentucky.
Dugan, William C., Kentucky.
Davis, Maynard H., Kentucky.
De Boe, William J., Kentucky.
Davis, Charles P., Indiana.
Ellis, Collin E., Missouri.
Ellis, Mumford W. Mississippi.
Ellis, Walter P., Kentucky.
Everett, John D., Louisiana.
Edwards, Thomas A., Missouri.
Evans, James S., Mississippi.
English, Bell, Illinois.
Fort, John I., Texas.
Foreman, Robert L., Arkansas.
Fitzpatrick, Joseph B., Alabama.
Gray, William R., Mississippi.
Gilchrist, Luther M., Kentucky.
Gabbert, Zachariah T., Kentucky.
Hawkins, John T., Arkansas.
Hoskins, John S., Kentucky.
Hardin, William G., Texas.
Hooper, Robert B., Texas.
Hensley, John H., Indiana.
Howard, William A. Tennessee.
Harman, Stephen B., Alabama.
Hawkins, James R., Kentucky.
Harris, Jasper M., Kentucky.
Hartman, Andrew J., Tennessee.
Haggard, Clarence K., Kentucky.
Jones, Edward J., Kentucky.
Johnson, Wesley T., Mississippi.
Jordan, J. Walter, Mississippi.
Leech, Joseph S., Kentucky.
McClatchy, John H., Mississippi.
Milam, John W., Indiana.
Miller, William S., Texas.
Meincke, Hermann W., Germany.
KcKim, Vincent I., Pennsylvania.
Martin, Aurelius, Mississippi.
Moore, James A., Indiana.
Martin, James A., Tennessee.
Meng, Walter B., Louisiana.
Murphy, James B., Indiana.
McAchran, John J., Kentucky.
Moore, Lynn B., Kentucky.
Martin, Jeremiah A., South Carolina.
McGowan, John W., Indiana.
McCarley, John W., Mississippi.
Paswater, Gilbert, Indiana.
Pugh, William E., Arkansas.
Pate, Bloom J., Mississippi.
Purdom, James F., Kentucky.
Paynter Charles M., Kentucky.
Robinson, James L., Indiana.
Reeve, Joseph L., Indiana.
Riley, John C., Texas.
Ruddell, Isaac N., Indiana.
Simpson, George F., Kentucky.
Scott, Taylor W., Kentucky.
Stephens, William P., Texas.
Smith, Albert D., Indiana.
Smith, George W., Kentucky.
Satterfield, George W., Texas.
Shultz, Charles A., Texas.
Stanley, Henry N., Georgia.
Smith, Joseph H., Kentucky.
Stinson, Henry C., Louisiana.
Starr, William L., Indiana.
Stewart, William M., Texas.
Snyder, Edward W., Texas.
Sowell, Cornelius B., Texas.
Torrance, John M., Indiana.

Taylor, Charles B., Illinois.
Turner, Charles B., West Virginia.
Turner, J. Monroe, North Carolina.
Travis, Edward A., Tennessee.
Williams, William R., Indiana.
Wilson, Samuel R., Indiana.
Wilkerson, William C., Kentucky.
Weir, Alonzo G., Indiana.
Wilson, Cyrus L., Indiana.
Wedding, Sylvester J., Kentucky.
Wyatt, Benjamin F., Kentucky.
Yeager, Newton, Indiana.

AWARDS OF HONORS AND PRIZES.

The President then announced the awards made by the faculty as follows:

John S. Hoskins, M.D., of Kentucky.
Percy Alexander, M.D., of Kentucky.
Newton Yeager, M.D., of Indiana.
William C. Dugan, M.D., of Kentucky.
Albert H. Cordier, M.D., of Kentucky.
Robert L. Foreman, M.D., of Arkansas.
William A. Howard, M.D., of Tennessee.
Joseph B. Fitzpatrick, M.D., of Alabama.
James A. Moore, M.D., of Indiana.
Jno. W. Milam, M.D., of Indiana.

Each of the above-named gentlemen received a certificate of honor.

The Yandell gold medal, named in honor of the late Dr. L. P. Yandell, sr., was awarded, for the best class-standing, to John S. Hoskins, M. D., of Kentucky. The second gold medal for second place in class-standing was awarded to Percy Alexander, M.D., of Kentucky, and the third to Newton Yeager, M.D., of Indiana.

THE UNDERGRADUATES' CONTEST.

J. M. Ray, of Kentucky, was awarded the first prize, a case of instruments, offered by Arthur Peter & Co.

A. W. Chapman, of Missouri, was awarded the second prize, a copy of Erichsen's Surgery, offered by John P. Morton & Co.

J. F. Meffert, of Missouri, was awarded the third prize, a case of instruments, offered by Simon N. Jones.

A PLEA FOR THE METRIC SYSTEM.—Samuel W. Abbott, M.D., in the Practitioner:

It is a *uniform* system, and has the advantage already of being international in its adoption to a greater degree than any other system, or so-called system, of weights and measures. Civilized governments comprising four hundred millions of people have adopted the metric system, or have taken measures looking toward its adoption. It thus renders intelligible to us the foreign medical literature of other medical centers, facilitates travel among the countries of Europe and other continents, and also commerce with those countries. Foreign scientific works, as well as their English translations pertaining to medicine and its kindred sciences, abound in metric expressions of quantity. The importance of such works to the general practitioner can not be questioned. Science is universal, and hence the need of a universal or international system for all its expressions of quantity or value.

The multiplicity of measures in Continental Europe, the outgrowth of the feudal system with its petty isolated sovereignties, has long been a barrier to commercial intercourse. Until recently there were more than a hundred measures among the continental countries of Europe bearing the name of foot, no two of which were exactly alike.

There is but *one* meter.

The same is true of measures of capacity, and also of weights. The existence of several measures of different size bearing the same name (e. g. the quart) is an invitation to fraud. In place of the endless variety of weights and measures existing among civilized nations the metric system presents a *single* standard for length, for weight, and for capacity. And these metric standards, as well as those of surfaces and solids, all bear a definite, uniform, and intelligible relation to each other.

The substitution of such a simple, harmonious, and beautiful system, having but a single standard with easy decimal subdivisions, for the clumsy avoirdupois, troy, and apothecaries weights; the ale, wine, and imperial measures; and the various measures of length used by artisans, tradesmen, and by professional men, is sufficiently obvious.

THE INFLUENCE OF SULPHATE OF QUININE ON THE FETUS.—Bunge has made some experiments in Guserow's *Klinik* to determine the influence of quinine on the fetus. He administered about twenty grains of quinine to the mother at the commencement of labor (Practitioner). Immediately after birth the child was weighed, and the weighing was repeated daily to the tenth day. He observed that in a much larger number of cases than usual the meconium was discharged during the act of delivery. The children were very lively, and no alteration in the cardiac sounds was perceptible. During the first ten days of life a greater loss of weight was observed than in the case of other children born in the hospital, which Bunge attributes entirely to the effects of the quinine. No trace of quinine could be detected in the milk of the mother.—*Centralb. f. d. Gynecol.*

How to Feed Calves and Babies.—Dr. J. Milner Fothergill says (Practitioner):

It is quite clear that children and invalids should be taught to eat slowly and mix their food patiently with saliva. The dairy farmer's wife and maids used of old to patiently feed their calves "off the finger"—i. e. they made the calves lick the milk from their fingers; and so it got well mixed with saliva. But the increasing pace at which we live has reached the slow-going agriculturist; and now the calves are allowed to bolt their milk, with the natural consequence of too firm curds in the stomach; diarrhea to get rid of them; a bottle of medicine to stop nature's efforts; and an increased mortality among calves. So when children do not eat slowly their digestive processes are embarrassed; and especially is this the case where the milk-teeth are decayed.

Then again, in order to aid the defective action upon the starch by the natural diastase being deficient in quantity or impaired in power, we add the artificial diastase "maltine." But, as Dr. Roberts points out, in order to make this ferment operative it must not be taken after a meal is over. Rather it should be added to the various forms of milk porridge or puddings before they are taken into the mouth. About this there exists no difficulty. Maltine is a molasses-like matter, and mixes readily with the milk, gruel, etc. without interfering either with its attractiveness in appearance or its toothsomeness; indeed its sweet taste renders the gruel, etc. more palatable. A minute or two before the milky mess is placed before the child or invalid the maltine should be added. If a certain portion of baked flour, no matter in what concrete form, were added to plain milk and some maltine mixed with it before it is placed on the nursery table we should hear much less of infantile indigestion and malnutrition.

Dr. Roberts Bartholow, in the Cartright Lectures, says (New York Med. Jour.): *Chloroform certainly should not be administered*, under ordinary circumstances at least, without the preliminary injection of morphia and atropia. A sudden death from paralysis of the heart in a case of ether narcosis which happened in London last month ought to warn us in regard to the fancied security against cardiac paralysis from ether inhalation, which Schiff especially has inculcated. We ought to recognize the fact that the condition of anesthetic sleep is a condition of danger which is merely relative in respect to the agent used, and employ antagonists to the fatal tendency—paralysis of heart or lungs. The antagonist on which, it appears, much dependence may fairly be placed is the subcutaneous injection of morphia and atropia. The danger which attends the administration of chloral may be to a large extent averted by the simultaneous prescription of atropia, as some recent cases of accident unequivocally show. I several years ago demonstrated in a paper read before the Neurological Society of New York that while morphia and bromide of potassium intensified the effects of chloral in every way, atropia antagonized the effects on the heart, and would thus apparently save life after lethal doses. I then also called attention to the danger of the combination of chloral and potassium bromide as a poison to the heart, which the subsequent experiments of Husemann and abundant clinical experience have since confirmed.

The Tax on Alcohol.—As evidence of the result of tampering with the revenue law as it now stands, we need but recall the frauds perpetrated a short time ago by some of the vinegar-makers. Under the act permitting them to make their own alcohol free of duty, they turned directly to the manufacture and sale of "crooked" alcohol, at the same time selling their vinegar so cheaply as to drive out of business all honest manufacturers.

As much alcohol is now used in manufacturing as when the tax was at fifty cents, and as much was used when it was at two dollars per gallon. A certain amount is always necessary, and will always be used, no matter what its cost, and no more would be required if the tax were taken off, excepting in the concoction of adulterated beverages.

The impossibility of separating alcohol entirely from the alcoholic fluids being seen, the next question is, how could the revenue which the government derives from these sources, and on which it is largely dependent for support, be obtained? What article of commerce can be more justly taxed than this?

The talk of removing this tax has been persistent, but it has been found that not only is it impossible to convince Congress of the desirability of any such measure, but that the sentiments of nearly all parties interested in alcohol, either as manufacturers or consumers, are opposed to its abolition.—*Oil and Drug News.*

THE ABUSE OF OPIUM.—Attention is once more attracted to the alleged widespread abuse of opiates. Some attempt has been made to discredit the medical profession on the score of this evil by attributing the indiscriminate recourse of narcotics to the frequency of their use for medical purposes (Lond. Lancet). The two things have nothing in common. As well might the lazy practice of lying in bed be referred to the fact that medical men recommend rest in a recumbent posture during the persistence of most acute diseases. What may be deemed expedient in sickness is not also and therefore to be deemed desirable in health. Those who take opiates or quack and advertised remedies for "sleeplessness" habitually, because they have been directed to take them when suffering from special maladies and while under medical treatment, can find no valid excuse for this abuse in the use they plead. It is ridiculous to blame medical men for the drunkenness of the weak-minded, or their addiction to the consumption of "anodynes" and "sleeping-potions." Medical practice can not be affected by criticism of this class. It is unprofessional to prescribe remedies that are not public property. We have not a word to say in apology for physicians who employ patent medicines or use private formulæ; but whatever a practitioner of medicine believes to be good for his patient he must use, whether the short-sighted blame his judgment or whether they are obliging enough to credit him with the possession of a scientific intelligence. No advantage to public health and happiness is likely to be gained by the promulgation of strictures such as those which have recently found their way into the public press. We mention this matter only to disclaim the slightest thought of being moved by these feeble outpourings of mistaken and misleading sentiment.

THE USE OF "CORRIGAN'S BUTTON" IN RESTORING THE HEART'S ACTION.—In the recent numbers of the British Med. Journal the articles appearing under Clinical Memoranda in reference to the restoration of the heart's action have attracted my attention. The importance of the subject leads me to presume upon offering a suggestion. The simple and efficient instrument known as "Corrigan's button," invented by the late eminent Irish physician whose name it bears, might be used with success as a means of arousing a non-working heart to action. The method of its application for the purpose under consideration might consist as follows: Holding the instrument so that the tip of the index-finger would rest upon the metal portion one inch from the bend of the shaft, and placing the disk in the flame of a spirit-lamp till the metal is so warmed that the finger can just bear the heat; then over the region of the heart quickly give a few taps—short, sharp, and decisive—imitative of a postman's knock. By this method two incentives for action are combined: the effects of the tapping itself, and the shock of quickly-applied heat—more potent, perhaps, than electricity. While believing that the best and neatest method of acting is by using a heated "Corrigan's button," yet in an emergency an ordinary metal spoon or iron key, warmed in the flame of a candle or gas-jet, might be used instead, as has been before suggested by many distinguished physicians for sciatica.—*J. F. L. Mullen, M.D., in British Med. Journal.*

INFUSORIA AS A TEST FOR POISONS.—Animals have long been used to furnish physiological tests of the presence of some of the more poisonous alkaloids in organic mixtures, rendering their detection by ordinary chemical operations difficult or uncertain (The Druggist). Prof. Rossbach now suggests infusoria as affording a still more delicate test for such substances. Strychnia is said to produce an enlargement and paralysis of the contractile sac in a $\frac{1}{1500}$ solution. Veratrin and atropin have a similar action, but in less degree.

THE GERMAN PHARMACOPEIA.—The language of the pharmacopeia will in future be German, and thus a retrograde step toward an international authority has been taken. Latin, however, is totally inadequate for the requirements of the day. It is well known that what passes as such is manufactured; and, as a Berlin medical journal remarks, it is not likely that were Cicero alive, and an apothecary to boot, he could give us a work to "take in" the multifarious contents of the pharmacist's shelves.—*Oil and Drug News.*

Nos. 246 (Vol. X, No. 11), dated September 11, 1880, and 250 (Vol. X, No. 15), dated October 9, 1880, of the NEWS are wanted to complete our files. We need about twenty-five copies of each, and subscribers having these to spare will confer a great favor on us by mailing them to MEDICAL NEWS, care of John P. Morton & Co., Nos. 156 and 158 West Main Street, Louisville, Ky.

A BILL has been introduced into the legislature of the State of New York, by Assemblyman Fenner, which provides that no person, company, or corporation shall manufacture, have, deal in, keep, sell, give away, or knowingly use for illuminating purposes, within that State, any oil or burning fluid which shall evolve a combustible vapor at a temperature below one hundred degrees of the Fahrenheit thermometer, or which shall ignite at a temperature of less than one hundred and fifty degrees, whether the same be composed wholly or in part of naphtha, coal oil, petroleum, or their products, or other substance. It is also provided that no railroad company, by its officers or agents, or otherwise, shall light any passenger-car moved by steam power, or other car attached thereto or in the same train, with any oil or burning-fluid which shall evolve a combustible vapor at a temperature below one hundred degrees, or which shall ignite at a temperature below three hundred degrees. Violations of the act, it is proposed, shall be punished by fine and imprisonment.

CHLORIDE-OF-GOLD REMEDY.—New Remedies, in reply to Dr. W., says: The "Double Chloride of Gold Cure for Drunkenness, a tested and infallible Remedy, discovered by Dr. L. E. Keeley, Dwight, Ill.," etc., of which you sent us a sample, with pamphlets, has failed to yield us the smallest trace of gold, a result which might have been expected. Possibly it is present in homeopathic quantities. The "discoverer" asserts that two bottles effect a cure; price, $9. The remarkable versatility of the author is shown by his applying the "Gold Cure" to other baneful evils, of course with the most splendid success. There is a "Gold Cure for Neurasthenia; put up in pairs; $5 per pair." Also a "Gold Cure for Chronic Asthma; put up in pairs; $10 per pair." Finally a "Gold Cure for the Opium or Morphine Habit; put up in pairs; $10 per pair."

DR. J. L. MOYAR (Boston Jour. of Chem.) suggests the following ingenious method for the application of chloroform to the tympanic membrane in earache: Fill the bowl of a common clay pipe with cotton wool, and let fall upon this a few drops of chloroform; then, carefully placing the stem of the pipe into the auditory canal, place your lips to the bowl and blow.

PHILADELPHIA is to have a new medical school, *sic itur ad astra!*

Selections.

Acute Aniline Poisoning—Cure.—The following case, under the care of Dr. Millard, is reported by M. Merklin (Med. Press and Circular):

The toxic effect of aniline is better known by experiments on animals than by the effects of the poison observed in man. Those working in aniline factories may exhibit the phenomena of chronic poisoning, resulting from the absorption of the substance by the respiratory passages, either in the form of vapor or dust; acute poisoning is rare. In the following case one hundred to one hundred and twenty grams (three to four ounces) of pure aniline were swallowed in a liquid state; this method of absorption, with the symptoms caused by the poison and its prompt cure, constitute the interest of the case.

P. Ratti, aged twenty-five, of Italian extraction, working in a chemical factory at Clichy, on July 11th swallowed at 8 o'clock A.M. from one hundred to one hundred and twenty grams of a mixture of aniline and tolnidine; he mistook it for coffee. In spite of this he went to work as usual without telling any one, and it was not till a quarter to 10 o'clock—that is, an hour and three quarters after the swallowing of the poison—that his fellow-workmen saw that he was stupid and motionless. Being interrogated he told them the mistake he had made, and complained of a little headache. M. Gundelach, the chemist to the establishment, who has supplied most of these details, was immediately called, and gave three fourths of a grain of emetic. The effect of the medicine was assisted by introducing the finger into the pharynx, and administering large quantities of warm water. Under this treatment abundant vomiting was produced, composed of some food, water, and yellowish coloring matter, probably unabsorbed aniline. The patient was then put to bed. About twenty minutes afterward serious nervous phenomena appeared. The patient lost consciousness, fell into a state of coma, and appeared in a condition of general resolution; the head fallen back, lips black, face purple. Then there was contraction of the facial muscles, *risus sardonicus*, and trismus, which only permitted the introduction into the mouth of a few drops of milk with great difficulty. At this time there was no convulsion, no contraction of the limbs; pulse very feeble; coldness. This was about half past 10 o'clock, two hours and a half after the taking of the aniline. All means were used to introduce some alcohol; at length the patient swallowed a few drops, and immediately seemed to awake. This remission was taken advantage of to make him swallow a larger quantity of alcohol and of tea with alcohol. To overcome the cold the patient was warmed with coverings and bottles of hot water, and the whole body rubbed with camphorated spirit. He regained consciousness and vomiting returned. At half past 12 o'clock two enemata with oil were given without result. About 2 o'clock the patient again lost consciousness; the pulse became weak, cyanosis remained, though less marked than at first. About 3 o'clock appeared clonic convulsions of the limbs, complete loss of consciousness; the contraction of the face and the maxilla had disappeared.

At this time the patient was taken to the Hôpital Beaujohn, where he was received under the care of Dr. Millard. The interne, on arrival, found him in a state of profound coma; the pupils dilated, act little

under the influence of light. Catheterism gave exit to about two hundred grams of dark brown-colored urine. Death was considered imminent. The coma lasted all night, interrupted frequently by convulsive attacks in the limbs. During all this time the face was purple.

Next morning, at the time of the visit, the patient was awake, and complained only of severe headache. The face, especially the lips, still slightly cyanosed. No other abnormal phenomenon. Sensibility normal every where except in the velum palati and the pharynx, where tickling produces no reflex action. No paralysis. The patient has passed urine spontaneously; this was very dark in color, albuminous, and gives a strong alkaline reaction, while that of the evening was acid, and not albuminous. No pain in the belly; no stool yet since the accident. A strong odor of aniline proceeds from the patient's bed, apparently coming from his clothing. Ordered milk; purgative enema; bath. The next day and succeeding days the headache disappeared. Urine still dark, but very slightly albuminous. The patient left hospital after five or six days with no symptom remaining but the anesthesia of the soft palate.

Catarrhal Pneumonia and Tubercle in the Human Lung.—D. J. Hamilton, M. B., F. R. C. S., etc., closes his series of able papers on catarrhal pneumonia and tubercle in the human lung with the following synopsis of the main conclusions reached by his investigation (Practitioner):

1. Croupous pneumonia and catarrhal pneumonia are two totally different diseases, and ought not to have a common designation. Croupous pneumonia is merely an exudation of blood-constituents due to suddenly increased blood-pressure, while catarrhal pneumonia essentially consists in the over-stimulation and proliferation of the epithelial cells lining the alveolar walls.

2. Catarrhal pneumonia runs through three distinct stages: (*a*) The acute or subacute, (*b*) the caseous, (*c*) the excavating. The disease usually passes through all three in adults, but in children frequently proves fatal in the first or second.

3. In the acute stage the alveolar epithelium proliferates, and the cellular products derived from it accumulate in the air-vesicles.

4. In the second stage these dry and become caseous, thereby losing their characteristic form.

5. In the excavating or third stage the necrotic caseous material softens, and this softening is a purely chemical process, corresponding to the "ripening" of cheese.

6. When tubercle occurs in the lung or in any other organ it is always preceded by a caseous source of infection. This infecting source may be situated in the lung itself, or in some distant part. When situated in the lung itself the tubercle is the secondary disease (secondary tubercle), but when in a distant part the tubercle is the primary disease of the lung (primary tubercle).

7. The caseous virus in these two varieties is carried by a different set of vessels. In the secondary it is transported by means of the lymphatics, and the tubercles have merely a local distribution. In the primary it is conveyed by the blood-vessels, and in this case the tubercles are distributed generally and usually throughout both lungs.

8. A tubercle, in all cases, when fully developed, consists of the following parts: One or more giant cells, a surrounding reticulum formed by their processes, and a peripheral capsule.

9. The chief infecting sources of secondary tubercle of the lung are catarrhal pneumonia and interstitial pneumonia accompanied by bronchiectasis. In both of these caseous matter is developed, and being absorbed, excites the formation of tubercle in the surrounding connective tissues. The main causes of primary tubercle of the lung are softening cheesy glands and strumous abscesses.

10. Tubercle is liable chiefly to two degenerations. The commoner is the caseous. The other is a conversion of the whole of the tubercle elements into fibrous tissue, and is to be looked upon more in the light of the natural termination of tubercle development than as a degeneration. When it occurs extensiveiy it produces a cirrhosis of the part.

11. Tubercle, under any circumstances, is a connective-tissue growth arising from the action of an acute irritant. The irritant is probably a ferment generated in the softening of a caseous mass.

12. The hereditary tendency to phthisis is probably owing to an abnormally great susceptibility of the pulmonary epithelium to irritation. This seems to be borne out by the fact that as persons advance in life, and when, naturally, epithelial cellular structures become more stable, the tendency to attacks of catarrhal pneumonia diminishes.

13. There is a form of catarrhal pneumonia in which the nodules are of small size and are widely disseminated throughout the organ. It closely resembles tubercle in its naked-eye characters, but it is totally different from it in its actual structure and mode of development.

Antagonism between Chloral and Atropia.—Roberts Bartholow, M. D., LL. D., Cartwright Lectures (New York Med. Journal):

Both of these agents have been sufficiently set forth in the whole range of their physiological powers, and need not therefore be presented anew. On the brain and spinal cord they are antagonistic to a limited extent. Atropia lessens the sleep-producing power of chloral, and therefore opposes the depression of the respiratory and vasomotor centers produced by chloral. On the spinal cord they act in a different, and, in some respects, in an opposed manner. The effect of atropia on the spinal cord and nerves is complex. On the cord it has a tetanizing action, and exalts the reflex irritability; on the motor nerves a paralyzing effect; and it lessens the irritability of the sensory nerves. Chloral suspends the reflex function of the spinal cord and causes a paralysis which is purely spinal, since the irritability of the motor nerves and the contractility of the muscles are left intact. While chloral and atropia are antagonistic in their action on the cord, they both produce motor paralysis. A most obvious and important antagonism exists between the actions of these agents on the circulation and respiration. This is confirmed by experimental trials on animals and by clinical observation on man. I have always found it to be the case in my experiments on animals, and Husemann's experiments demonstrate the same truth. Owing to the fact that in animals the more powerful and preponderating action of these agents on the brain prevents the antagonism on the heart and lungs exerting the salutary effect it has in man only rarely do the experiments succeed in averting death from lethal doses. Husemann narrates a striking case of the ac-

cidental use of atropia in poisoning by chloral. A man took from twenty to twenty-four grams (three hundred to three hundred and sixty grains) of chloral hydrate, was profoundly chloralized, and as his pupils were minutely contracted it was supposed that the narcosis was due to morphia. Acting on this supposition an injection of one and a half milligram (about one fortieth grain) of atropia was practiced. Neither the pupil nor respiration was affected. Faradization with the electric brush, mustard plasters, cold douche to the head and breast, and other measures were resorted to besides; but the beneficial influence of the atropia is regarded by Husemann as hardly doubtful.

While the good effects of atropia in preventing death from chloral by failure of the heart's action, or of the respiratory function are probably very great, the converse is not necessarily true. Although there are no experimental or clinical facts, it must be evident that chloral can act only as morphia does under the same conditions, i. e. moderate the strain on the cardiac and respiratory centers produced by the excitant action of atropia. This is a less important service than that rendered by atropia in chloral narcosis, but is, nevertheless, highly useful. The dose of atropia in chloral narcosis and the frequency with which it is to be repeated depend on the effects produced. A small dose, repeated at short intervals until the characteristic effects on the pupil, mouth, heart-beat, and respiration are produced, and then awaiting the antagonistic action, is better practice than the administration of a large dose at once. The return of reflex sensibility, the improvement in the pulse and respiration, and the dilatation of the pupil are the evidences that the antagonist is producing good effects. When these results are obtained all that the antagonist can effect is done, and hence to persist in the further use of it unless the maintenance of the effect is necessary is to add atropia poisoning to chloral narcosis.

In his research on a supposed antagonism between thebaia and chloral Husemann found that this antagonism existed to a limited extent. Chloral, however, only intensifies the effects of morphia and codeia. In a number of experiments on this point I have found that morphia and chloral are synergists, or promote each other's activity, and that they can be more safely administered by combination with atropia, which counteracts the cardiac and respiratory depression caused by them, and which constitutes the great danger in their use in man, as in the inferior animals.

Glycerin in Gastric Troubles.—Dr. Sydney Ringer calls attention, in the Lancet, to the value of glycerin as a remedy in flatulence, acidity of the stomach, and pyrosis (The Druggist). Sometimes all of these gastric troubles are combined, but glycerin in nearly all cases relieves them. In some cases it removes pain and vomiting, probably, like charcoal, by preventing the formation of acrid acids, which irritate delicate stomachs. Glycerin does not interfere with the digestive action of pepsin and hydrochloric acid; and hence, while it stays the formation of wind and acidity by checking fermentation, it does not hinder digestion. A dram to two drams may be taken before, with, or immediately after food. It may be given in water, coffee, tea, or lemon and soda water. In tea and coffee it may replace sugar, which favors flatulence, as indeed does tea in many cases. Sometimes a cure does not occur till the lapse of ten days or a fortnight.

The purgative effects of hypodermic injections of aloin have been investigated by Dr. Frohmüller, who states that a solution of one part of aloin in twenty-five parts of very warm water will have the same purgative effect when injected hypodermically as when taken internally. Two injections are usually necessary to produce the desired effect in from six to fourteen, very rarely in two to three hours, there being scarcely any irritation and never an abscess caused where injected. Hypodermic injections with extract of aloes (one part in ten parts of water) also proved efficacious, but produced a stronger inflammation, where injected with aloin.—*Ibid.*

Explosive Prescriptions.—A recent number of the *Bulletin de Thérapeutique* gives several combinations in pharmacy which are liable to explode; and as patients claim so often that they are liable to be "busted" by doctor's bills, we quote these dangerous compounds lest they more literally be "busted" by doctors' pills (*ibid.*):

1. Hypophosphate of lime, chlorate of potash, and lactate of iron, when mixed in a dry state, explode violently.

2. A solution of four parts of chromic acid in eight of glycerin also explodes.

3. Chlorate of potash, mixed with a dentrifice, in the form of a dry powder, and used with a dry brush, will give rise to explosions even in the mouth.

4. Pills composed of permanganate of potash and extract of yarrow, or of the same salt with reduced iron, or of sulphureted antimony and chlorate of soda, are apt to deflagrate during or after preparation.

It follows from these facts that glycerin, and in general all such reducing agents, should never be combined with oxidizing agents, such as chromic acid, the chlorates, permanganates, and certain organic acids.

Ingluvin for the Vomiting of Pregnancy.—James Sawyer, M.D., M.R.C.P., says (Practitioner): I think ingluvin will prove a valuable addition to our materia medica. It is described as a "preparation from the gizzards of fowls, said to be much more efficacious in chronic dyspepsia than pepsin." I have found it useful in atonic dyspepsia in doses of ten grains thrice daily, in powder sprinkled on bread immediately after meals. Ingluvin is said to be especially useful in the vomiting of pregnancy. Since I have used the drug I have only met with one case of that kind of vomiting. The patient was a lady advanced two months in her first pregnancy. She had copious watery vomiting on rising in the morning; she also vomited each meal, and she was troubled with a constant sense of nausea. She thought nothing "kept down," and that she was rapidly losing strength. I determined to try ingluvin before I sent her to one of my gynecological friends for Copeman's operation. She came to me again in six days, quite cheerful and delighted with the success of my prescription, and told me she had not vomited since taking the first powder. I saw her again in a fortnight, and there had been no return of vomiting.

Carrageen ("Irish Moss").—In scrofula and other strumous diseases, in which the use of iodine in some of its compounds is indicated, carrageen is specially useful as a food, because of the considerable percentage of iodine and kindred substances coexisting in it.